

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107049823**

FILING DATE  
**30 APR 2001**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			/				TOTAL IND.						
TOTAL DEP.			/C				TOTAL DEP.						
TOTAL CLAIMS			/				TOTAL CLAIMS						